



## Corrections / Revisions/ Information Submittal Form

Building Division  
25 West Main Street  
Auburn, WA 98001  
(253) 931-3020

Staff Use Only	
Received By:	
Date Submitted:	

Date: \_\_\_\_\_ Permit #:

Project Address:

Project Name:

Project Contact: \_\_\_\_\_ Phone:

Requested by City Staff? ☐ Yes Reviewer:

☐ No Department:

TYPE OF SUBMITTAL	NUMBER OF SETS/COPIES
<input type="checkbox"/> Architectural Plans	
<input type="checkbox"/> Structural Plans	
<input type="checkbox"/> Structural Calculations	
<input type="checkbox"/> Site Plans	
<input type="checkbox"/> Civil Plans	
<input type="checkbox"/> Mechanical Plans	
<input type="checkbox"/> Plumbing Plans	
<input type="checkbox"/> Other – please describe	

Describe the nature of the changes/revisions:

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Please submit revisions/corrections for building permits through the Permit Center, not the reviewer.

***Always mark, highlight, or cloud revisions, corrections or changes.***